# Regulations Related to Mental Health

Steve Lambert
Mental Health Consultant

## Introduction and Background

- Trends
- History
- Anticipated Impact





# Introduction and Background

• Medical News Today (November 2006) "...by 2020, elderly Americans needing long-term residential care is expected to double from 7 to 14 millions."

## Introduction and Background

- JLARC (June 2006)
- "...a growing number of low-income residents with a mental health disability living in ALFs."
- "...individuals diagnosed with a mental health disability and living in ALFs grew from 47% in 1997 to 65% between 2003 and 2005."

#### Overview



Mental health screening(360)

Psychosocial and Behavioral History (365)

 Mental health services, coordination, support, and agreement (500)

If behaviors or patterns of behavior occurred within the previous six months [of the time the person is being considered for admission]

(A)



If behaviors or patterns of behavior...

 indicate a mental health problem, as documented in the UAI (A)



If behaviors or patterns of behavior...

 cause concern regarding the health, safety, and welfare of the prospective resident or others (A)



Exception: If the screening cannot be conducted prior to admission...

- the individual may be admitted if all other admission requirements are met.
- the reason for the delay is documented and the efforts to get the screening done is continued.

When a <u>resident</u> displays behaviors or patterns of behavior indicative of...

- a mental health problem
- placing self and/or others at risk for harm (B)



Shall be conducted by

a qualified mental health professional (C)



"Qualified mental health professional" means a behavioral health professional who is trained and experienced in providing psychiatric or mental health services to individuals who have a psychiatric diagnosis.

Conducted by a QMHP having no financial interest in the facility (C)





Filed in the resident's record (D)





If mental health services have been recommended, then the facility shall provide notification to:

- the community services board, behavioral health authority, or other appropriate licensed provider identified by the resident or his legal representative; and (E.1)
- the resident, the authorized contact person of record, and the physician of record (E.2)

### 365. Psychosocial and Behavioral History

Used to help determine whether facility can meet the needs of a prospective resident

- a state or private hospital, community services board, behavioral health authority, or long-term care facility,
- there is no requirement for written information from primary sources. (A)



### 365. Psychosocial and Behavioral History

Things that could be covered:

Mood, Thinking, Consciousness, Concentration,

Orientation, Communication, Behavior,

Sleeping Pattern, Interpersonal Skills, Autonomy,

Physical Appearance, Frequency of Behavioral Emergency Interventions,

History of discharges due to unmet needs

### 365. Psychosocial and Behavioral History

Document that the information was reviewed and used to help determine the appropriateness of the admission, and if the person is admitted, to develop an individualized service plan (B)

Filed in the resident's record (C)



# 500.Mental health services coordination, support, and agreement

If unsuccessful in obtaining the recommended services, the facility must document that:

- it can meet all other needs of the resident (E.1)
- it can ensure the failure will not compromise the health, safety, or rights of the resident and others who come in contact with the resident (E.2)
- the offices, agencies and individuals who were contacted to obtain the [mental health] services were contacted, and that the explanation of the outcomes of the contacts were documented (E.3)
- the steps the facility will take to find alternative [mental health] services providers (E.4)

#### **Questions and Review**

- 360. Mental health screening
- 365. Psychosocial and Behavioral History
- 500.E. Mental health services, coordination, support, and agreement